



## EAST ADELAIDE SCHOOL Year 6 Camp

YEAR 6 CAMP TO NORMANVILLE

YEAR LEVEL: 6

ROOMS: 19, 20, 21 and 22

DESTINATION: DZINTARI CAMPSITE, NORMANVILLE

MODE TRANSPORT: BUS

DAY/DATE: Wednesday 8 May to Friday 10 May 2019

DEPARTURE TIME: 8.30am Wednesday 8 May

RETURN TIME: 3.00pm Friday 10 May

**COST: \$304.00 (GST FREE) to be paid by Friday 5 April via Qkr! or at the Cashier**  
((\$35 has been subsidised from school fees as part of the aquatics levy)

TEACHERS INVOLVED: Lara Titaro, Adele Giannone, Chris Byrne, Belinda Altschwager

ACTIVITIES: KAYAKING, RAFT BUILDING, WATER ECOLOGY, TEAM BUILDING ACTIVITIES, FISHING, BEACH SPORTS, BILLY CART BUILDING

### ADDITIONAL INFORMATION:

**Wilderness Escape will require each parent to complete an online registration for their child to attend camp. Please see attached letter for details.**

Please find attached Camper Checklist, Student Health Information Outdoor Education that includes Consent to Travel in a Private Motor Vehicle/Watch a PG rated DVD, Consent Form for Camp and Tax Invoice.

Students will need a **packed recess, lunch and drink** in a disposable container / paper bag for the first day. This should be carried separately on the bus. A refillable water bottle is essential. School hats and sunscreen must be worn.

If your child has any **special dietary requirements / allergies / health issues** please ensure that this information is included in the appropriate place on the Outdoor Education Form.

Please ensure that the classroom teacher is informed if your child requires medication whilst on camp as soon as possible so that the necessary paperwork can be completed.

**All medications including those purchased over the counter eg for hayfever etc, must be sent with a chemist label, Medication Authority and a Health Care Plan signed by a medical practitioner.**

Please see Front Office staff, as soon as possible if you require additional forms for any medication that your child will be required to take on camp particularly for medication usually taken at home eg Asthma preventer. The necessary medication must be in the original container, clearly marked with a chemist label detailing the child's name, dose required and with the appropriate health care plan and medication authority attached. The plan, medication authority and medication must be handed to the teacher.

**If the school holds medication and a current health care plan, this will be taken on camp.** Students who self-manage their asthma must take their inhalers on the camp.

The following forms must be returned to the class teacher by **Friday 5 April**. Students cannot attend camp unless all forms are returned.

- Swimming / Aquatic Consent Form**
- Student Health Information Outdoor Education Consent Form**
- Consent Form for Camp/Excursion**

**East Adelaide School  
Year 6 Camp 2019**

**Camper Checklist**

**\*\* Packed recess, lunch and drink for Wednesday- put in hand luggage to take on bus\*\***

**\*\*\*\* PLEASE LABEL EVERYTHING\*\*\*\***

**## Size of bag to be as small as practical (preferably a soft bag such a sports or crew type)**

- Sleeping bag and bottom sheet OR doona and bottom sheet (extra blanket if appropriate) **ALWAYS bring a bottom sheet** even if using a sleeping bag.
- Pillows are provided. The camp can provide extra blankets if required
- Toiletries and medications \*\* see note below
- Towel
- Clothing - enough socks and underwear for the entire stay, pyjamas, track suit, jeans, shorts, beanie, jumpers,
- Swimming clothes - either board shorts, shorts or bathers including a rash vest / t-shirt that must cover the shoulders - Long sleeves are best), closed toe shoes (old sneakers, Crocs)
- Footwear- slippers for indoor use, sneakers and hiking boots for outdoor activities. Volleys are not sneakers and will be very dangerous when we go on a walk.
- **School hat** and sunscreen 30+ - (**do not bring along baseball caps**)
- Jackets (2)        - Warm  
                             - Lightweight shower jacket for trekking/hiking.
- Drink bottle - 2 litres in volume would be ideal
- Comfortable backpack for walks
- **DO NOT** bring –an electric blanket or electric heater
- Sweets etc are not to be sent on camp – there is to be no food or drink in the dorms – water is the exception. Food provided at camp is quite ample.
- Camera and torch
- Tissues or handkerchiefs

**\*\* MEDICATION**

**ALL MEDICATIONS** including those purchased over the counter eg for hayfever etc, must be sent in the original container, clearly marked with a chemist label - detailing the child's name and dose required. The appropriate health care plan and medication authority, signed by a medical practitioner and parent must be included with the medication.

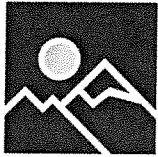
**NO CHEWING GUM**

**NO CHOCOLATE**

**NO LOLLIES**

**NO MOBILE PHONES**

**NO ELECTRONIC GADGETS**



Dear Parent/Caregiver,

Wilderness Escape Outdoor Adventures (WEOA) is employed by East Adelaide School to assist in providing unique Outdoor Education experiences this term. Wilderness Escape has been a South Australian pioneer in the field of outdoor education since 1991 and works closely with many schools and colleges in designing and delivering outdoor curriculum.

Your child will soon be taking part in the Year 6 Outdoor Education experience. The camp will be conducted at Dzintari Latvian Campsite, Normanville by Wilderness Escape Outdoor Adventures (WEOA), in partnership with East Adelaide School. The program is designed to utilise the features of the unique natural environment to present students with some challenging, exciting and worthwhile learning experiences in the outdoors. The WEOA team is looking forward to working with East Adelaide School students as they learn about the fantastic nature of the outdoors.

**Camp Dates:** Wednesday 8<sup>th</sup> – Friday 10<sup>th</sup> May, 2019 (Term 2, Week 2)

**Please register before:** Monday 23<sup>rd</sup> April 2019

\*Please meet at the school/college by **8:30am**. We will return to school by **3:00pm**

#### REGISTRATION STEPS

1. You are required to complete the online registration and consent for your child to participate in the program using the WEOA registration process which is hosted on Configio (a secure event registration system). This can ONLY be accessed using the LINK provided below and following the steps outlined. You will gain access to all the camp details through this registration.
  2. Go to the web page link for the camp: <https://wildernessescape.configio.com/go/easy62019>  
(You must type this unique code in the top address box of your browser software. Not in the **SEARCH** box)
3. **Once the camp page loads, please follow the steps in the registration guide displayed**
4. You need to create an account for yourself as the **PARENT or GUARDIAN** so you can register your child for the program/camp as a **PARTICIPANT**. (The page will reload after successful account creation).
  - a. First time users go to the bottom of the page and select [**Register for an account**]. You must prove you are over 18 year old when making the account by providing your date of birth.
  - b. Returning users go to the bottom of the page and select [**Log into an existing account**].
5. To provide the best care, upload any information such as medical action/care plans or specialist behaviour reports to the registration system.
6. If your child takes medication (including anti-histamines), for asthma, allergies, epilepsy or diabetes we require a **medical care plan signed by a GP**. This must be uploaded to the child under your account.
  - You can modify and upload information up to 7 days prior to the program.
  - By completing the online registration process you are consenting to your child's participation in the outdoor education program for the school purpose and that of WEOA. You are required to complete the "General Consent" for your child to attend the program. If you have any questions, please contact the WEOA office to discuss.

Kind regards,

**The WEOA Team**





**CONSENT FORM FOR CAMP/EXCURSION**

(To be completed in conjunction with medical information and activity information sheets)

Please use block letters when filling out this form

**As a parent/guardian of:**

STUDENT/CHILD'S NAME	
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**I:**

PARENT/GUARDIAN NAME	
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**give my consent for him/her to participate in:**

NAME OF ACTIVITY	YEAR 6 CAMP - <b>\$304.00 (GST FREE) to be paid by Friday 5 April via Qkr! or at the Cashier</b>
REASON FOR AND DESCRIPTION OF ACTIVITY	YEAR 6 CAMP TO NORMANVILLE

**at/on:**

LOCATION	DZINTARI CAMPSITE NORMANVILLE
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FROM: 

0	8
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0	5
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1	9
---	---

 TO: 

1	0
---	---

0	5
---	---

1	9
---	---

 OR ON: 

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The school/preschool will use the student's current Health Care Plan unless otherwise instructed.

**Has a current Health Care Plan been provided to the school/preschool?** Yes  No

*If No, please provide an updated Health Care Plan to the school/preschool on completion of this form. ↴*

Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet attached.

**Agreement**

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date: / /

**Emergency Contacts - Parent/Guardian**

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE	WORK TELEPHONE	ALTERNATIVE TELEPHONE	

<b>Student Medic Alert Number (If applicable):</b>	
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\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.



# Swimming/Aquatic Consent Form

**CONFIDENTIAL**

To be completed by the Parent/Guardian for students participating in swimming and aquatics activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatics activities.

**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

## Section 1: Person Details

Student Name..... Date of Birth.....

Name of School ..... Medic Alert No. (if relevant).....

Emergency Contact Person ..... Contact No .....

## Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in the water?

If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.

If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the school.

**IMPORTANT:** failure to provide required medication will result in standard First Aid Management in an emergency.

Asthma		Seizures, Epilepsy	
Severe allergy (e.g. bee sting)		Diabetes	
Joint disorder		Heart Disorder	
Vision impairment		Hearing impairment	
Ear disorder		Skin condition	
Incontinence		Swallowing/choking	
Medication usually taken at school		Communication difficulties	
Other (please provide details)			

Have you attached health care details from your child's doctor/treating health professional? Yes/No

If NO, staff and instructors will provide standard supervision for safety and first aid (see over)

If YES, write down what you have attached and please ensure all relevant medication is provided.

## Section 3: - Consent to take part in swimming or aquatic activities

I give my consent for my child named above to participate in swimming or aquatic activities

I understand that school staff will be present and provide supervision for safety.

I understand that the swimming or aquatic instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

## **Standard Health Care Support for the most common health conditions:**

Asthma	<p>Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.</p> <p><b>Standard First Aid:</b> Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still not relief, call an ambulance. no return to the water after two lots of reliever medication within any given session.</p>
Seizures	<p>No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>
Diabetes	<p>No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>
Severe Allergy	<p>As per allergy specialist care plan</p>
Drainage Tubes in Ears	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p><b>Cryptosporidium Infection</b> Cryptosporidiosis is caused by the parasite <i>Cryptosporidium</i>. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after symptoms have stopped.</p>
Choking	<p>As per care plan</p>
Infection Control	<ul style="list-style-type: none"><li>- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage</li><li>- Students with significant unhealed wound(s) will be advised not to go swimming until the wound has closed.</li><li>- Students with ringworm should not commence swimming until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)</li><li>- Students with tinea should not go into pools or change rooms until at least 24 hours after commencing appropriate treatment</li><li>- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.</li></ul>



**EAST ADELAIDE SCHOOL  
STUDENT HEALTH INFORMATION  
OUTDOOR EDUCATION**

Any health information given will not prevent your child from taking part in outdoor education activities unless further medical advice warrants exclusion. All information provided will be treated confidentially, and will be used to protect and assist your child so that participation will be a safe and enjoyable experience. Please attach additional information if necessary and feel free to discuss any issue in more detail with the class teacher.

**NAME OF CHILD** \_\_\_\_\_

**ROOM** \_\_\_\_\_

**Parent or Guardian**

<b>Address</b>	Home Tel. No.      Work Tel. No	Alternative No
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**Family Doctor or Medical Clinic**

<b>Address</b>	Home Tel. No.      Work Tel. No	Alternative No
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**Medical Specialist (if relevant)**

<b>Address</b>	Home Tel. No.      Work Tel. No	Alternative No
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**Private Medical Benefit:** If the child is a member of a please provide details:

FUND NAME: \_\_\_\_\_

BENEFIT TABLE \_\_\_\_\_ MEMBERSHIP NO. \_\_\_\_\_

Medicare No: \_\_\_\_\_ Expiry date \_\_\_\_\_

**If we are unable to contact Parent or Guardian**

<b>Relationship</b>	Home Tel. No.      Work Tel. No	Alternative No
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**MEDICAL CONDITIONS:**

Does the student have any condition or health problems (asthma, allergies including food allergy, convulsive seizures, bedwetting)?

DETAILS

**YES / NO**

Are you aware of any medical emergency, which could occur?

DETAILS

**YES / NO**

Has your child been close to anyone with any "communicable disease" i.e measles, mumps, etc within the past 21 days? \*(Please notify us if this occurs after you have returned this form)

DETAILS

**YES / NO**

Has your child had a tetanus immunisation? YES / NO

WHEN

Is your child allergic to penicillin or any other drug/medicine? YES / NO

DETAILS

Does your child take any regular prescribed medicine (including inhalers)? YES / NO

DETAILS

Does your child have any special dietary requirements (allergies or restrictions)? YES / NO

DETAILS

**NOTE:**

*Please ensure that the classroom teacher is informed if your child requires medication whilst on camp. The necessary medication must be in the original container, clearly marked with a chemist label detailing with the child's name, dose required and with the appropriate health care plan and medication authority attached. The plan, medication authority and medication must be handed to the teacher.*

**If the school holds medication and a current health care plan, this will be taken on camp.**

**BUNK BED**

Do you give permission for your child to sleep in the top section of a bunk bed? YES / NO

**OUTDOOR EDUCATION - CONSENT FORM**

As a parent/guardian of \_\_\_\_\_

I \_\_\_\_\_ give my consent for him/her to  
(Block Capitals)

participate in Camp \_\_\_\_\_

**\*DETAILS OF THE ACTIVITIES PLANNED, TRANSPORT ARRANGEMENTS AND SUPERVISING STAFF ARE PROVIDED ON THE ATTACHED SHEET.**

I agree to delegate my authority to the supervising staff and instructors. Such leaders and instructors may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group and individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident or illness occur and agree to pay all medical and dental expenses incurred on behalf of the above student.

I have provided all necessary information about the above student and include details of limitations, which he/she has for the activity concerned. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medical specialist to be contacted in an emergency.

The information given is accurate to the best of my knowledge.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

(Parent / Guardian)